



## TOWN OF HOPEDALE

P.O. BOX 7 • 78 HOPEDALE STREET  
HOPEDALE, MA 01747  
TEL: (508) 634-2206 • FAX (508) 634-2200

Office of:  
Building Commissioner  
Zoning Enforcement Officer

### **APPLICATION FOR PERMIT TO BUILD** **(NEW CONSTRUCTION)**

To the Building Commissioner:

Date: \_\_\_\_\_

The undersigned hereby applies for a permit to build, according to the following information and plans filed herewith:

LOCATION: \_\_\_\_\_ ASSESSORS' MAP/PARCEL: \_\_\_\_\_ ZONING DISTRICT: \_\_\_\_\_

OWNER'S NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

BUILDER'S NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

OWNER'S PHONE: \_\_\_\_\_ BUILDER'S PHONE: \_\_\_\_\_

LICENSED PERSON RESPONSIBLE FOR PROJECT: \_\_\_\_\_ LIC. #: \_\_\_\_\_

USE OF BUILDING: Residential \_\_\_\_\_ Commercial \_\_\_\_\_ Business \_\_\_\_\_ Manufacturing \_\_\_\_\_ Other \_\_\_\_\_

MASSACHUSETTS STATE BUILDING CODE TYPE CONSTRUCTION: \_\_\_\_\_ USE GROUP: \_\_\_\_\_

ARE ANY BEDROOMS BEING ADDED? YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, # OF TOTAL BEDROOMS (old plus new) \_\_\_\_\_

IS ANY PART OF THIS PROJECT WITHIN 100' OF A WETLAND? YES \_\_\_\_\_ NO \_\_\_\_\_ (if unsure, check with Conservation Commission)

SIZE OF PROPOSED BUILDING: \_\_\_\_\_ EST. COST OF CONSTRUCTION (excluding land) \_\_\_\_\_

DESCRIPTION OF PROJECT: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby certify that I am the owner of record of the property listed above or that I have been duly authorized by said owner to make this application as the owner's agent and that all the information above, and plans and specifications submitted are correct and that all work pursuant thereto shall comply with all applicable provisions of the Commonwealth of Massachusetts Statutes, Building Code, and Town of Hopedale Zoning By-Laws. The following is subscribed to and executed by me under the Pains and Penalties of Perjury.

OWNER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

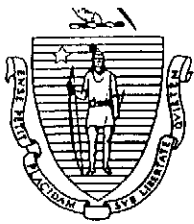
LICENSE HOLDER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## BUILDING AND SITE PLAN REQUIREMENTS

**SITE PLANS: (2) Shall include the following: The entire lot with lot line dimensions and total area of lot, Existing and proposed buildings (include porches and decks), Proposed driveway entrance, Front, Sides, and Rear yard setbacks, Any streets within 200' of lot, Existing and proposed contours of lot, A benchmark must be established and put on plans, Top of foundation and basement floor elevations, All water, sewer, and storm drain connections, Any septic systems or wells to be used, or that are in use, Off street parking areas, Nearest pole with number, Assessors map and lot number, Any and all types of wetlands within 100' of proposed work.**

The following is a list of sign offs that must be obtained before a building permit can be issued. If your project is on town water and sewer, then get the water and sewer sign offs, If your project is going to be serviced by a septic system and well then get the board of health sign off.

**to the Building Commissioner's Office.**



Department of Industrial Accidents  
Office of Investigations  
600 Washington Street  
Boston, MA 02111  
www.mass.gov/dia

**Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers**  
**Applicant Information** **Please Print Legibly**

Name (Business/Organization/Individual): \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Are you an employer? Check the appropriate box:**

- |  |  |
|--|--|
| <p>1. <input type="checkbox"/> I am an employer with _____ employees (full and/or part-time).*</p> <p>2. <input type="checkbox"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.]</p> <p>3. <input type="checkbox"/> I am a homeowner doing all work myself. [No workers' comp. insurance required.] †</p> | <p>4. <input type="checkbox"/> I am a general contractor and I have hired the sub-contractors listed on the attached sheet. ‡ These sub-contractors have workers' comp. insurance.</p> <p>5. <input type="checkbox"/> We are a corporation and its officers have exercised their right of exemption per MGL c. 152, §1(4), and we have no employees. [No workers' comp. insurance required.]</p> |
|--|--|

**Type of project (required):**

6. ☐ New construction
7. ☐ Remodeling
8. ☐ Demolition
9. ☐ Building addition
10. ☐ Electrical repairs or additions
11. ☐ Plumbing repairs or additions
12. ☐ Roof repairs
13. ☐ Other \_\_\_\_\_

\*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

†Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors must submit a new affidavit indicating such. Contractors that check this box must attach an additional sheet showing the name of the sub-contractors and their workers' comp. policy information.

**I am an employer that is providing workers' compensation insurance for my employees. Below is the policy and job site information.**

Insurance Company Name: \_\_\_\_\_

Policy # or Self-ins. Lic. #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Job Site Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

**Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).**

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

**I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone #: \_\_\_\_\_

**Official use only. Do not write in this area, to be completed by city or town official.**

City or Town: \_\_\_\_\_ Permit/License # \_\_\_\_\_

**Issuing Authority (circle one):**

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrical Inspector 5. Plumbing Inspector  
6. Other \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

# Information and Instructions

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, an **employee** is defined as "...every person in the service of another under any contract of hire, express or implied, oral or written."

An **employer** is defined as "an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer."

MGL chapter 152, §25C(6) also states that "every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required." Additionally, MGL chapter 152, §25C(7) states "Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority."

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## Applicants

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply sub-contractor(s) name(s), address(es) and phone number(s) along with their certificate(s) of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. **Also be sure to sign and date the affidavit.** The affidavit should be returned to the city or town that the application for the permit or license is being requested, **not** the Department of Industrial Accidents. Should you have any questions regarding the law or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below. Self-insured companies should enter their self-insurance license number on the appropriate line.

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## City or Town Officials

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary) and under "Job Site Address" the applicant should write "all locations in \_\_\_\_\_ (city or town)." A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a home owner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is **NOT** required to complete this affidavit.

The Office of Investigations would like to thank you in advance for your cooperation and should you have any questions, please do not hesitate to give us a call.

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The Department's address, telephone and fax number:

The Commonwealth of Massachusetts  
Department of Industrial Accidents  
**Office of Investigations**  
600 Washington Street  
Boston, MA 02111

Tel. # 617-727-4900 ext 406 or 1-877-MASSAFE

Fax # 617-727-7749

[www.mass.gov/dia](http://www.mass.gov/dia)